



Application of: Butz

Serial No.: 09/976,481

IN THE DRAWINGS

Please replace Figs. 2-11 that were originally attached to the application with formal
Figs. 2-11 attached (see Appendix A: Replacement Sheets).

REMARKS

This amendment is submitted in response to the Office Action dated 03 November 2005, the time to respond being until 03 February 2006. Formal figures 2-11 are submitted herewith, and the abstract has been amended to correct informalities. Claim 1 is amended, claims 2 and 3 are canceled and new claims 4-9 are added. Thus, claims 1 and 4-9 remain pending in this application.

Responsive to the Restriction Requirement (paragraph 5), on 28 October 2005, applicant orally elected Group I (method for storing and querying of social services data stored in relational database), the claims readable thereon being claims 1 and 2. This election was without traverse. Applicant herewith confirms election of Group I and thus claim 3 is herein withdrawn.

Applicant appreciates Examiner's indication that Figures 2-6 and 8-10 would be allowable if the excess shading is removed and thus formal drawings (FIGS. 2-11) are submitted herewith to remove the shading. Applicant respectfully submits that no new matter has been introduced in the drawings, nor was such the intent of Applicant.

The Examiner objected to the abstract of the disclosure because in line 1 "that" is misspelled. Applicant has amended the abstract to correct informalities and respectfully submits the amended abstract.

The Examiner rejected claims 1 and 2 under 35 U.S.C. §102 (b) as being anticipated by Kraftson, et al. (U.S. Patent No. 6,151,581). Applicant appreciates the time taken by the

Examiner to meet with Applicant and the undersigned at the interview on Friday January 13. As explained during the interview, the Kraftson et al. '581 process is a “[machine-readable survey] system for acquiring, managing, analyzing, and summarizing patient clinical care information, practice management/cost information, patient satisfaction, and health care outcomes information gathered from a large network of *physician* practices.” (See paragraph 1 of Detailed Description of Kraftson et al. '581 patent). The Kraftson et al. '581 patent generally discloses a method of combining subjective patient satisfaction surveys with objective clinical outcome data for *physician patient* care and practice quality improvement. Specifically, this process includes the steps of: (1) gathering clinical information (information about the physician's clinical decision-making, including the assessment, therapeutic plan, and health outcomes of that plan); (2) gathering physician/patient information (information about the relationship of the patient to the physician, to the physician's practice and to prescribed therapeutic regimens; (3) gathering practice management/cost information (administrative information); (4) creating a database of this information; (5) analyzing data within the database; and (6) providing an analysis regarding clinical decisions that have been made and the effectiveness of the treatment regimens prescribed in comparison with other physicians participating in the system, the perception of quality from the patients' perspective, and the costs and management processes for use by managed care companies and insurance companies.

The Kraftson '581 process differs from that of the present invention both in context and in implementation. Kraftson '581 aims to provide a quality of care report for medical providers

which combines quantitative information (physician results compared to other physicians) with qualitative information (patient surveys). The quantitative comparison requires baseline data. In contrast, the present method is designed to assess quality of social services which have no baseline data for comparison. To do this the present method guides social workers into defining *client barriers* to success, and then objectively tracks progress of the social worker based on the reduction and/or elimination of those barriers. The invention also comprises an implementation of the foregoing method in software form which facilitates the guided compilation of a knowledge base that *quantifies the barriers to success*, facilitates objective tracking of progress toward the reduction and/or elimination of those barriers, and then evaluates progress by structured querying of the knowledge base. This is an entirely different model geared specifically toward social services, not physician quality of care. The preamble of claim 1 is herein amended to set this context more concretely, now reciting “storage and querying of *social services data* in a knowledge base that provides *quantitative accountability for social services provided by a case worker to a client*“. As discussed at the interview, there is a fundamental divide between social services and medical care (or the Health Care versus Social Assistance Industry). As intended by claim 1, Social Workers provide Social Services by counseling their clients. Physicians provide medical treatment to patients. The present method is not intended to assess physician quality of patient care, but only effectiveness of social workers in their counseling outcomes. The former allows an objective rating system (e.g., based on the success of a procedure). The latter does not because effectiveness is much more subjective. The preamble draws the distinction and is expressly intended to exclude all physician rating methods. Moreover, because the context is so different an entirely different model is called for, and the

mechanics of Applicant's model as recited in the body of claim 1 further distinguish Kraftson '581. Applicant's approach does not evaluate whether a penultimate goal is reached as in Kraftson, but rather breaks the approach down into client barriers to success, and the case worker's efforts toward reducing those barriers. This entails five specific categories of information relating to: 1) the social service case manager, 2) the client, 3) client barriers to success inclusive of severity, 4) client outcome, and 4) general demographic data. The guidance provided to the case manager, and the resulting quantification of the barriers faced by the client are essential features of the present invention, unique to the social services context, and unique in comparison to Kraftson '581. More specifically, the data entry screen shown in the present application (FIG. 5) guides the case manager to articulate discrete barriers to success. The barriers are discrete obstacles personal to each client which stand in the way of the case worker attaining a goal. For example, transportation may be a barrier to job placement if the client requires transportation to/from work. Other barriers may include Health Issues; Family Issues (e.g., divorce situation); Behavior (behavioral issues); Attitude; Weight; Personal Hygiene, Disability, Laziness; Money Management; Lack of Skills; and Literacy). This barriers data is used to populate a separate database table, which essentially becomes the baseline data by which progress can be analyzed. Again, in the present method case worker progress is analyzed not in terms of reaching an overall goal (such as job placement), but instead by reduction over time of the defined barriers to success. This guided entry of discrete client barriers to success and progress toward reduction of the defined barriers is an entirely novel concept in the social services arena. The barrier data is used to populate a separate database table, which essentially becomes the baseline data by which case worker progress can be analyzed over time. This was

originally reflected in claim 1, which recites inter alia “collecting information relating to *defined client barriers to productivity*”, and “*generat[ing] a report indicating reduction of said client barriers over time.*” While the Examiner cites the graphs in Figs. 9A-D of the Kraftson et al. reference as anticipating the method of claim 1, these reports do not reflect any defined barriers to success, nor do they indicate reduction of client *barriers over time*. In fact, those graphs in Kraftson et al. merely indicate a subjective neutral/dissatisfied response by the patient to treatment or procedures, such as “lack of satisfaction with the insurance provider or doctor’s treatment”. A “barrier” is something immaterial that impedes or separates, e.g., an obstacle [Merriam Webster]. Kraftson does not define any obstacles at all faced by the patient, but rather perceived flaws/issues of factors external to the client, and thus they cannot reasonably be characterized as “barriers”. Thus, the meaning of “barriers” as claimed in claim 1 cannot be stretched so far as to read onto Kraftson et al., and the Examiner’s interpretation is too broad. Kraftson ‘581 simply does not teach or suggest the steps as literally recited in claim 1 and therefore does not anticipate claim 1.

Claims 2 is herein canceled and replaced by a set of depending claims which give further definition to the method steps of claim 1.

New claim 4 requires selection of pre-defined itemized barriers to client productivity and for each itemized barrier a severity of said barrier. Kraftson ‘581 does not teach or suggest this step as claimed and therefore claim 4 is believed to be patentable.

New claim 5 requires a graphical user interface with a control for initiating a pre-determined query for allowing a user to generate a report assessing progress in reducing severity or eliminating said client barriers over time. Kraftson ‘581 does not teach or suggest this

step as claimed and therefore claim 4 is believed to be patentable.

New claim 6 requires a step of periodically collecting information measuring reduction of said defined client barriers. Kraftson '581 does not teach or suggest this step as claimed and therefore claim 6 is believed to be patentable.

New claim 7 requires a step of periodically collecting information specifying said case workers efforts toward reducing said defined client barriers to productivity over time. Kraftson '581 does not teach or suggest this step as claimed and therefore claim 7 is believed to be patentable.

New claim 8 requires at least one control for initiating a pre-determined query for allowing a user to generate a report assessing reduction of said client barriers over time, and at least one control for initiating a pre-determined query for allowing a user to generate a report assessing effectiveness of said case workers efforts toward reducing said defined client barriers over time. Kraftson '581 does not teach or suggest either control and therefore claim 8 is believed to be patentable.

New claim 9 requires selecting from a predefined categorical list of progress elements including any one from among the group consisting of job retention, finding a new job, wage increase, promotion, and educational advancement. Kraftson '581 does not teach or suggest this step as claimed and therefore claim 9 is believed to be patentable.

In view of the above, all pending claims 1 and 4-9 are believed to avoid all the rejections set forth in the Official Action and thus, the case should be in condition for allowance. A Notice to this effect is respectfully requested, and the Examiner is invited to call the undersigned at 410.385.2383 to discuss any remaining issues.

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Respectfully submitted,



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APPENDIX A: REPLACEMENT FIGS 2-11 (10 SHEETS)